

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

06113

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH:

County..... Kent

City or town..... Tolchester Beach
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 or 8 hours

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 7 or 8

3. (a) FULL NAME

William Amend

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white married

6. (b) Name of husband or wife

Louise Amend 41

7. Birth date of deceased (mo., day, yr.)

Feb. 5, 1892

6. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day

51 8 1 hrs. min.

9. Birthplace

Baltimore 1974

(Town, county, and state)

10. Usual occupation

Laborer

Standard Oil Co

William Amend

Maid

Margaret Brehm

Maryland

Louise Amend (wife)

6410 D. Fagley St. Ba. 1974

Address

Removal

Date thereof July 6, 1947

(Burial, cremation, or removal. Which?)

Funeral Home at 3605 Fait Ave.

Cremation

Location Baltimore, Maryland

18. Funeral director J. Willis Wells

Address Chestertown, Ma.

19. (Date rec'd by registrar) Aug 7/47 1947

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

For newborn infants give residence of mother

State..... Maryland County..... Baltimore City

City or town..... 507 Fagley St
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION) ✓

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 6, 1947, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5:00 a.m. until 12:30 P.M. on July 6, 1947.

and that I last saw him alive on July 6, 1947.

Immediate cause of death: Heart attack.

But due to heart attack.

Probable cause: Heart attack.

Due to heart attack.

Other conditions: No other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.: None

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None Date of: None

Where did injury occur? (City or town) (County) (State)

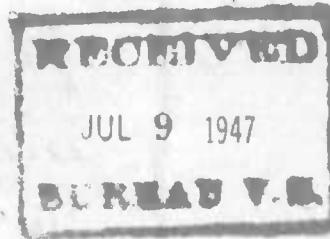
Injured at home, farm, industry, public place (where?)

Means of injury: Fall from chair

Injured at work? None

23. SIGNATURE: J. Willis Wells Date signed: Aug 7/47

M. D. or other: M. D.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

CERTIFICATE OF DEATH

Reg. Dist. No. 203
06114

1. PLACE OF DEATH: *Rock Hall Md*
 County *Rock Hall Md*
 City or town *(If outside city or town limits, write RURAL and give nearest town)*
 How long in above place of death? *not in*
 Hospital, institution, or street address where death occurred: *not in*

How long in hospital or institution?

3. (a) FULL NAME *Levi Ashley*4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*6. (b) Name of husband or wife *Jean Davis Ashley*7. Birth date of deceased (mo., day, yr.) *Jan. 76. 1918* 6. (c) If alive, give age *22* years8. AGE: *29* Years *5* Months *6* Days *11* less than one day9. Birthplace *Rock Hall Md*
(Town, County, and state)10. Usual occupation *Father organ*11. Industry or business *Ashley or Laborer*12. Name *John C. Ashley*13. Birthplace *Rock Hall Md*14. Maiden name *Agatha Conner*15. Birthplace *Rock Hall Md*16. Informant *Dr. Ashley Jr (13yo)*Address *Rock Hall Md*17. Burial *Burial* Date thereof *7/9/47*
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory *Wiley Chapel*Location *Rock Hall, Maryland*18. Funeral director *Wm. W. Williams*Address *Chesapeake, Maryland*19. *7/8. 47 S. Elwood Burger* Date record by registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants, give residence of mother)

State *Maryland* County *Rock Hall*
 City or town *(If outside city or town limits, write RURAL and give nearest town)*
 Street No. *not in* (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *July 4th 1947* 19 47 al M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *not at home* *not registered* *15* to *19* and that I last saw her *alive* on *15* to *19*

Immediate cause of death *Heart trouble*

Due to *Heart trouble*

Due to *bad found*

Other conditions *bad found*

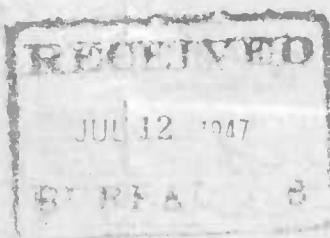
(Include pregnancy within 3 months of death)

Major findings of operations *None* Date of op. *7/9/47*Autopsy results *None*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide *Accident* Date of *July 4/47*
 Where did injury occur *Annapolis Bay, on Rock Hall* (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) *Rock Hall*Means of injury *fall* Injured at work? *None*23. SIGNATURE *Elwood Burger* M. D. or other *None*Address *Chesapeake, Maryland* Date signed *July 8/47*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

CERTIFICATE OF DEATH

06115

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

Kent
Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

David Ayres

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Annie Taylor Ayres

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1854

8. AGE: Years 92 Months 7 Days 17 If less than one day hrs. min.

9. Birthplace Kent County, Maryland

(Town, county, and state)

10. Usual occupation retired

11. Industry or business

12. Name Lemuel Ayres

13. Birthplace Maryland

14. Maiden name Sarah Ann Lessenbury

15. Birthplace Maryland

16. Informant Mrs. Elmer Wilson (daughter)

Address Rock Hall, Maryland

17. Burial July 13, 1947

(Burial, cremation, or removal. Which?)

Cemetery or crematory Wesley Chapel Cem.

Location Rock Hall, Md.

18. Funeral director J. Willis Wells

Address Chestertown, Maryland

19. July 11, 1947 S. Elwood Burgess

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1947, at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 8, 1947, to July 10, 1947, and that I last saw h. alive on 7-9 July 10, 1947.

Immediate cause of death

old age
chron. Endo-hypocarditis

DURATION

Due to: Decays peritonitis

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

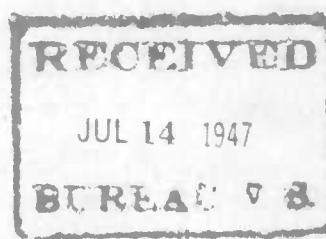
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE albert a. burgard

M. D. or other

Address Rock Hall, Md. Date signed 7/10/47



W
age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 280

06116

1. PLACE OF DEATH:

County Kent

City or town Millington

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? about 1 year

Hospital, institution, or street address where death occurred:

King's Nursing Home

How long in hospital or institution?

3. (a) FULL NAME

Alice Miller Bacon

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

female white widowed

6. (b) Name of husband or wife Geo. F. Bacon

7. Birth date of deceased (mo., day, yr.) June 13, 1861 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
86 I 0 hrs. min.9. Birthplace Kent County, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Miller

13. Birthplace Maryland

MOTHER 14. Maiden name Araninta Rebecca Taylor

15. Birthplace Kent Co. Md.

16. Informant Mrs. Horace Needles (Daughter)

Address Cannon St. Chestertown, Md.

17. Burial Date thereof July 16, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chester Cem.

Location Chestertown, Md.

18. Funeral director J. Willis Wells

Address Chestertown, Md.

19. July 13, 1947 Edward Fellows
(Date rec'd by registrar) Deputy Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 13, 1947, at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 6, 1947, to July 13, 1947

and that I last saw her alive on July 13, 1947

Immediate cause of death

My pernicious Heart Disease

Due to My pernicious Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

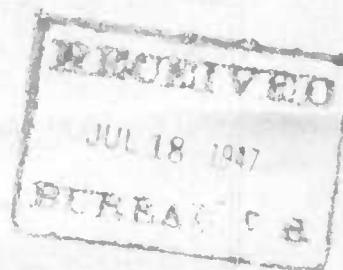
Means of injury

Injured at work?

23. SIGNATURE H.H. Hamilton

M. D. *author*

Address Millington Md. Date signed 7/13/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the cause of
Death is shown on:

FILE No. G 110 JUL 25 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

06117

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH:

County..... Kent

City or town..... near * Chestertown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Kent County Alms House

How long in hospital or institution?

5 months

3. (a) FULL NAME

William (Bill) Bentley

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

none

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

Easter 1874 ??

8. AGE:

Years 73

Months 22

Days

It less than one day

hrs.

min.

9. Birthplace

Rock Hall, Kent, Md.

(Town, county, and state)

Laborer

10. Usual occupation

11. Industry or business

FATHER

12. Name

Adam Bentley

13. Birthplace

Maryland

MOTHER

14. Maiden name

Rachel Banks

15. Birthplace

Maryland

16. Informant

Miss. Jennie Hadaway (Employer)

Address

Rock Hall, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 19 1947

(month) (day) (year)

Cemetery or crematory

Sharptown (Col.) Cemetery

Location

near - Rock Hall, Maryland

18. Funeral director

J. Willis Wells

Address

Chestertown, Maryland

19. Date record'd by registrar

July 18 1947

Class S. Barnes

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent

City or town..... Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

9-17

1947 at 6:00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5-1-1947 to 7-17-1947

and that I last saw him alive on

7-17-1947

Immediate cause of death

Cerebral hemorrhage

DURATION

2 weeks

Due to

arterial sclerosis

cataract

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

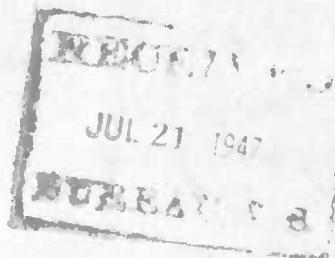
R. R. Barnes

M. D. or other

Address

Chestertown, Maryland

Date signed 7-17-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

06118

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County KENTCity or town GALENA

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

HARRY ALBERT BOLTON

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MALEWMARRIED6. (b) Name of husband or wife Mary McTay Bolton

Dec. 27, 1881

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years 65

Months

Days

If less than one day

hrs. min. 9. Birthplace Delaware

(Town, county, and state)

10. Usual occupation Retired Merchant

11. Industry or business

MOTHER

FATHER

12. Name William Bolton13. Birthplace Delaware14. Maiden name Amelia Barnes15. Birthplace Maryland16. Informant Mrs. Mary BoltonAddress Galen. Md.17. Burial Burial

(Burial, cremation, or removal. Which?)

Date thereof 7-30-47

(month) (day) (year)

Cemetery or crematory Forest Cemetery MiddletonLocation Deer18. Funeral director Edward FellowsAddress Millington, Md.19. Date record by registrar July 30, 1947

(Date record by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County KENTCity or town GALENA (If outside city or town limits, write RURAL and give nearest town)Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 271947, at 1045 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

APRIL 2 1947, to July 27 1947

and that I last saw h.m. alive on July 27 1947

1947

Immediate cause of death

CORONARY OCCLUSION
(2nd episode)Due to (First - April 2, 1947)

DURATION

12 hrs.

Due to Other conditions Gen ARTERIO SCLEROSIS @ 15 yrs.
(Include pregnancy within 8 months of death)Major findings of operations Date of op. Autopsy results

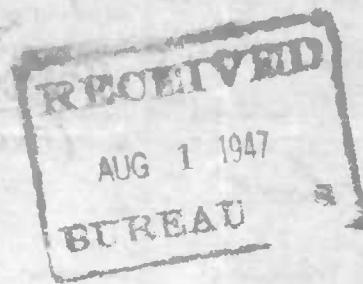
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Josephine J. Paprocki

M. D. or other

Address Galen. Md.Date signed 7-29-47





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1376
06120

CERTIFICATE OF DEATH

Reg. Dist. No.

201

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Walter Brown

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

C

widower

8. (b) Name of husband or wife

Mary Brown

7. Birth date of

deceased (mo., day, yr.)

Sept 1 1872

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

74

10

12

hrs.

min.

9. Birthplace

Kensington Md.

(Town, county, and state)

10. Usual occupation

Marine work

11. Industry or business

Ceritg Brown

FATHER

12. Name

Kent Co. Md.

13. Birthplace

Ellen Trusty

MOTHER

14. Maiden name

Kent Co. Md.

15. Birthplace

Jane Trilled

16. Informant

Worton Md.

Address

Burial

(Burial, cremation, or removal. Which?)

Date thereof July 16 1947

(month) (day) (year)

Cemetery or crematory

Morgue

Location

Morgue near Clifton

B.R. Fellows

18. Funeral director

Still Liquid Md.

Address

July 16 1947

Date rec'd by registrar

J. McEachern

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Kent

City or town

Rural Norton Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Norton Md.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 12 1947 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 8 1947 to July 8 1947

and that I last saw him alive on July 8 1947

Immediate cause of death

Septicemia

DURATION

Due to

Cervical Syphilitic Prostatis

Due to

Cervical Syphilitic Prostatis

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Cervical Syphilitic Prostatis

Date of op. 1947

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

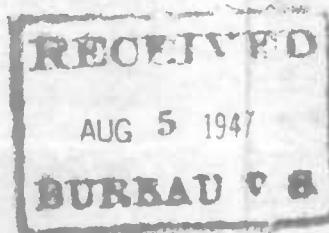
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W. Smith

M. D. or other

Address Cebulak's Md. Date signed 9/14/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06121

CERTIFICATE OF DEATH

Reg. Dist. No. 280

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH:
County.....
City or town.....

How long in above place of death?.....
Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	Col.	Married

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)
July 9 18798. AGE: Years Months Days If less than one day
18 0 0 hrs. min.9. Birthplace.....
(Town, county, and state) Maryland

10. Usual occupation..... Farm work

11. Industry or business

12. Name..... Perry H. Luckey

13. Birthplace..... Md.

14. Maiden name..... Hanna Cofeloe

15. Birthplace..... Md.

16. Informant..... Harry H. Luckey son

Address..... Burial Millington Md.

17. Burial Date thereof..... July 16 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Chesterville

Location..... Royal Millington Md.

18. Funeral director..... Edward Fellows

Address..... Millington Md.

19. Date signed by registrar..... July 15th 1947
(Date used by registrar) 19 472. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Md. County..... Kent

City or town..... Rural Chesterville
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

213-14-7330

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 12th 1947 at 29 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 8th 1947 to July 12th 1947
and that I last saw him alive on July 12th 1947

Immediate cause of death.....

Pulmonary Edema

DURATION

13y.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

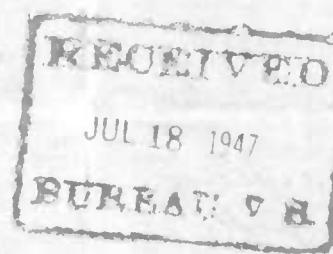
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... G. H. Cofeloe M. D. or other

Address..... Millington Date signed July 14 1947

VS A15 9145-15M



06122

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

Kent
County
near - Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

4 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Dura Hamblin

4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced
male white widowed

6. (b) Name of husband or wife. AUSTA HAMBLIN

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1865

8. AGE: Years Months Days If less than one day
82 5 10 hrs. min.9. Birthplace. Wicomico Co. Maryland
(Town, county, and state)

10. Usual occupation. farmer

11. Industry or business

12. Name. Tingle T. Hamblin

13. Birthplace. Wicomico Co. Maryland

14. Maiden name. Sallie Margaret Taylor

15. Birthplace. Maryland

16. Informant. Rev. S. T. Hamblin

Address. Rock Hall, Maryland

17. Burial. Date thereof. July 5, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory. Farlow's Cem.

Location. Pittsville - Wicomico Co. Md.

18. Funeral director. J. Willis Wells

Address. Chestertown, Md.

19. (Date rec'd by registrar) 7/2 47 J. Elwood Binger
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County. Wicomico
Pittsville

City or town. (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war. _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH. July 1st 1947 at 110 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 27 1947 to July 1st 1947

and that I last saw her alive on July 1st 1947

Immediate cause of death.

Cerebral Hemorrhage

Due to

Arterial pleurosis

DURATION

1940

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

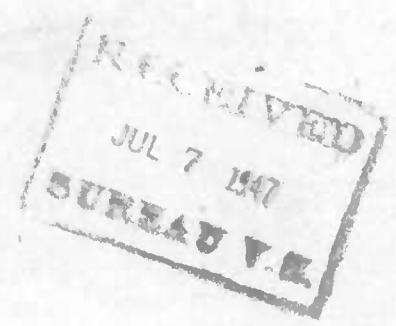
Injured at home, farm, industry, public place (where?)

Means of injury. Injured at work?

23. SIGNATURE. Fred W. Smithy
M. D. or other

Address. Chestertown

Date signed. July 2/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

06123

CERTIFICATE OF DEATH

Reg. Diet. No. 202

1. PLACE OF DEATH:

County.....

Kent

City or town.....

Near Choptank

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since June 15, 1947

Hospital, institution, or street address where death occurred:

Great Oak Farms.

R.R. #2

How long in hospital or institution?

3. (a) FULL NAME

McKinley Clarence Howard

3. (b) Social Security Number

212-10-9188

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M.

C.

Married.

6. (b) Name of husband or wife.....

Bessie Howard

7. Birth date of deceased (mo., day, yr.)

November 2 1903

6. (c) If alive, give age 37 years

8. AGE:

Years

Months

Days

If less than one day

44

8

22

hrs.

min.

8. Birthplace.....

Summerville Fla.

(Town, county, and state)

10. Usual occupation.....

Butcher

11. Industry or business

Great Oak Farms

FATHER

Henry Howard

12. Name.....

Summerville Fla.

13. Birthplace

Unknown

Gainesville, Fla.

14. Maiden name.....

Unknown

Gainesville, Fla.

15. Birthplace

Summerville Fla.

16. Informant.....

Mrs. Bessie Howard, Great Oak Farm

Address

Choptank R.R. #2 Maryland

17. Burial

Date thereof July 28 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Summerville Marion Co. Fla.

Location

Near O' Lake, Fla.

18. Funeral director.....

Maurice V. Williams

Address

Choptank Maryland

19. Date rec'd by registrar

July 25, 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

City or town.....

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

309 N. Gilmore St. B

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

July 24

1947

at 7:35 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7-24 1947, to 7-24 1947

and that I last saw him alive on 7-24 1947

Immediate cause of death.....

Cerebral hemorrhage - 2 hours

Due to..... Arterial hypertension

Unknown

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

R. Ruth Darr

M. D. or other

Address..... Chestertown, Md. Date signed 7-25-47

STICK TO THIS PAGE-DO NOT DETACH

RECORDED MAIL

RECEIVED

JUL 28 1947

BUREAU 73

RECEIVED

AUG 5 1947

BUREAU 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

636

06125

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

24 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Viola Jones

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

C

Married

6. (b) Name of husband or wife

Howard Jones

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

approx 6/10/1890

Years

Months

Days

If less than one day

hrs.

min.

8. AGE: Years

9. Birthplace Georgetown, Kent Co., Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Alexander Clarkson

13. Birthplace Georgetown, Md.

14. Maiden name Anna E. Pierce

15. Birthplace Georgetown, Md.

16. Informant Howard Jones

Address Norton, Md. Rural

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 21, 1947

(month) (day) (year)

Cemetery or crematory Georgetown Colored Church Bldg.

Location near Chestertown, Maryland

near Chestertown, Md.

18. Funeral director W. B. Fellows

Address Still Pond Rd.

19. (Date rec'd by registrar) July 21, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Kent

City or town Glen Haven

Parson

Street No. Norton RR Rd

6

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

James

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1947 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1947 to July 15 1947 and that I last saw h... e alive on July 15 1947

Immediate cause of death

Hypertensive

Due to

Hypertension Foster
Hypertension Foster

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

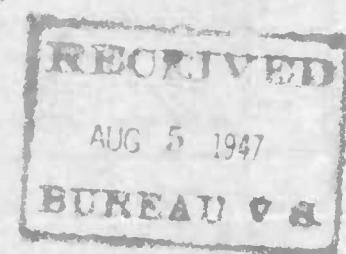
Injured at work?

23. SIGNATURE

Frank W. Smith M. D. or other

Address Chestertown, Md.

Date signed July 21, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

160e

06126

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Kent

Chesertown

How long in above place of death?

4 hours 12 min

Hospital, institution, or street address where death occurred:

Kent and Queen Homes

How long in hospital or institution?

4 hours

3. (a) FULL NAME

Baby Boy Niles, ~~Hyland George~~

3. (b) Social Security Number

no

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. (c) If alive, give age

years

July 25, 1947

8. AGE:

Years

Months

Days

If less than one day

4 hrs. 12 min.

9. Birthplace

Chesertown, Kent, Maryland

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrat

Date thereof

(month)

(day)

(year)

Date signed

Address

Name

Title

Date

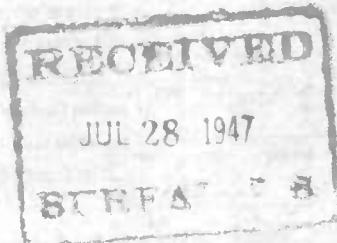
Signature

Title

Date

Signature</

RECEIVED FROM THE STATE CHATHAM
ATTORNEY'S STAMPED



STATE OF MARYLAND—CERTIFICATE OF DEATH 06127

MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Kent*Village or City *Galt and*Registration Dist. No. *200*

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Addie L. Peacock*(a) Residence: No. *Galt and*

(Usual place of abode)

St. *St.*

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*4. COLOR OR RACE *White*

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

*married*5a. If married, widowed, or divorced
(or) WIFE of*Joseph Peacock*

6. DATE OF BIRTH (month, day, and year)

3/27/1874

7. AGE

Years *73*

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.*Housewife*9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Dal*

MOTHER FATHER

13. NAME *James T. Mathews*14. BIRTHPLACE (city or town)
(State or country)*Dal*15. MAIDEN NAME *Rachel Ford*16. BIRTHPLACE (city or town)
(State or country)*Indiana*17. INFORMANT *Joseph Peacock*(Address) *Galt and*

18. BURIAL, CREMATION, OR REMOVAL

Place *Glenwood Cemetery* Date *7/24/47* 19 *47*19. UNDERTAKER *G. Fisher Daniels*(Address) *Tolson and Wal*20. FILED *July 23, 1947* *Edw. Fellows - Deputy*

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

(Month)

21

(Day)

1947

(Year)

22. I HEREBY CERTIFY That I attended deceased from *July 20, 1947*, to *July 21, 1947*. Last seen *alive on July 20, 1947*; death is said to have occurred on the date stated above at *12:30 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Apoplexy*Date of onset
7/20/47

Other Contributory Causes of Importance:

*Arteriosclerosis**unknown*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *J. Miles*

M. D.

(Address) *Midletown, Del*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

06128

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County..... Kent

City or town..... Chestertown P. O. # 2
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all Sys

Hospital, Institution, or street address where death occurred: New - Fairlee

How long in hospital or institution? —

3. (a) FULL NAME

Joseph C. Quinn Sr.

4. Sex Male | 5. Color or race White | 6. (c) Single, married, widowed, or divorced married

8. (b) Name of husband or wife..... Albie Estelle Miller

7. Birth date of deceased (mo., day, yr.) February 2 1868

8. AGE: Years 79 Months 5 Days 21 If less than one day hrs. min.

8. Birthplace..... Kent Co. Maryland
(Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business..... Farming

12. Name..... Michael Quinn

13. Birthplace..... Ireland

14. Maiden name..... Julia Connor

15. Birthplace..... Ireland

16. Informant..... Mrs. Jos. C. Quinn Sr. (Wife)

Address..... Chestertown, Md.

17. Burial Date thereof..... July 26, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Chestertown

Location..... Chestertown, Maryland.

18. Funeral director..... Marvin V. Williams

Address..... Chestertown, Maryland

19. Date rec'd by registrar..... July 26, 1947

Date rec'd by registrar..... Clara S. Barnes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent

City or town..... Chestertown P. O. # 2
(If outside city or town limits, write RURAL and give nearest town)Street No..... New Fairlee
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION E.S.T.

20. DATE OF DEATH..... July 23 1947 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1946 to July 23 1947 and that I last saw him alive on July 23 1947.

Immediate cause of death.....

Due to..... Myocardial Thrombosis 12 hours

Due to..... Bronchial Diseases 24 hrs

Due to..... Hypertension 3 years

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

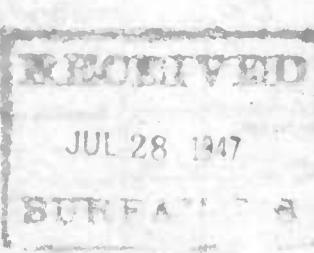
Where did injury occur? (City or town) (County) (State)

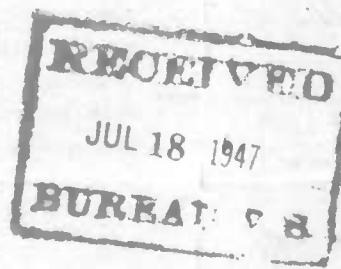
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... Fred H. Smith M. D. or other

Address..... Cedarbrook P.R. Date signed..... Aug 25 1947





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 123

06130

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH:

County: Kent -

City or town: Durlee

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 mos.

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

3. (a) FULL NAME

Harry Marvin Starry

4. Sex: Male | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: married

6. (b) Name of husband or wife: Edith Estella McCoy

7. Birth date of deceased (mo., day, yr.): November 24 1863

6. (c) If alive, give age: 57 years

8. AGE: 83 | Years 7 | Months 20 | Days 0 | If less than one day: hrs. 0 | min. 0

9. Birthplace: Stilepool, Kent Co.

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Retired

12. Name: James R. Starry

13. Birthplace: Kent Co. Md.

14. Maiden name: Margaret Chapman

15. Birthplace: Kent Co. Md.

16. Informant: Son Harry Starry

Address: Chehalis R.R. Md.

17. Burial: Burial

(Burial, cremation, or removal. Which?)

Date thereof: 2-17-47
(month) (day) (year)

Cemetery or Crematory: Cemetery D. I.

Location: Chester Town R.F.D.

18. Funeral director: J. Willis Weeks

Address: Chester Town Md.

19. (Date rec'd by registrar): July 15, 1947

F. O. Smith

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Kent -

City or town: Fairlee

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Chehalis R.R. Md.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 14 1947, at 8 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 to 1945

and that I last saw him alive on 1945

Immediate cause of death: Secondary Anemia

Due to: Ovarian Cystitis

DURATION: 151

252

Due to: Ovarian Cystitis

Other conditions: Infectious Hemolytic

260

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

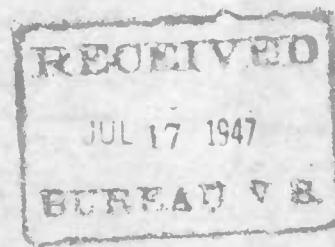
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Frank A. Smith

M. D. or other

Address: Chehalis R.R. Md. Date signed: 7/14/47





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1226

CERTIFICATE OF DEATH

Reg. Dist. No. 06131 302

1. PLACE OF DEATH:

County

Realt

City or town

Chesterlawn

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

whole before de.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Harriette Discovery Ruth Worth

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white widow

6. (b) Name of husband or wife

Thomas H. Worth

7. Birth date of deceased (mo., day, yr.)

June 15, 1856

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

91 0 24 hrs. min.

9. Birthplace

Chesterlawn Md

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER

12. Name

John Discovery Ruth

FATHER

Chestertown Md

13. Birthplace

Sarah George New

14. Maiden name

Lacaster Dela. Kent Co. Md

15. Birthplace

Mrs. Brown Ruth

16. Informant

Address

Chesterlawn Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or cemetery

18. Cemetery

Location

Near - Worthington, Kent Co. Md.

19. Funeral director

Address

W. Marvin V. Williams

Chesterlawn, Maryland.

20. Registrar

Name

Clara L. Barnes

Signature

Date recd by registrar

19

July 11

1847

Date recd by registrar</

